

PART B - FEE(S) TRANSMITTAL

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34214 7500 08/08/2006

PENTRON CORPORATION
53 NORTH PLAINS INDUSTRIAL ROAD
WALLINGFORD, CT 06492

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| | |
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| | Depositor's name (Signature) (Date) |
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| APPLICATION NO. | FILED DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|------------|----------------------|---------------------|------------------|
| 10/833,810 | 08/08/2003 | Aja Karmaker | JPP-1230CIPPA | 4910 |

TITLE OF INVENTION: ENDOGENIC POST AND ORTURATING SYSTEM

| APPLN TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE ISSUED |
|-------------------|--------------|---------------|---------------------|---------------------|------------------|-------------|
| corporation/assoc | YES | \$700 | \$300 | \$0 | \$1000 | 08/08/2006 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-----------------|----------|----------------|
| OCONNOR, CARY E | 1732 | 433-228000 |

| | |
|---|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36). | 2. Fee printing on the patent front page. (37 CFR 1.36). |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, |
| <input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev 03-02, or more recent) attached. Use of a Customer Number is required. | (2) the name of a single firm having as a member a registered attorney or agent; and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pentron Clinical Technologies, LLC

Wallingford, Connecticut

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4. The following fee(s) are submitted:

d. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- A check is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500718 (enclose an extra copy of this form).

5. Change in Entity Status (check status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date November 1, 2003

Typed or printed name Aja M. Knab

Registration No. 33,331

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